Region

District

SE/IH ID

Office:

. Acquisition of Evidence:					
On .	was assigr	ned to conduct	an inspection at		
On , SE/IH			E	stablishment Name	
	Establishment Name				
On the SE/IH arrived at the	worksite to inspect and	d during the cou	urse of the inspect	ion	
Date the SE/IH determined that it was necessary					
The following item(s) were received from _	Name/Title o	of Name/Title of Person Emp		oloyer Name and Address	
		011_	Date	Time	
A copy was given to same as a receipt:					
(4)					
(1)	Description of Item				
	·				
(2)	Description of Item				
	·				
(3)	Description of Itom				
	Description of item				
_	SE/IH	Date	Time	 e	
_	CL/III	Dute		<u> </u>	
<u>Storage</u> :					
The above item(s) collected for inspection					
	Cal/OSHA 1 No.				
have been stored at the following location:					
from to					
from to Date Date	· ·				
I. Release:					
The above item(s) is(are) no longer require	d for the inspection and	d have been re	leased to	Name of Title	
of	Employer	on	,	Time	
	Employer		Date	Time	
SE/IH Signature	Date	Time	D.M. Initials	Date	

Optional Report No.

Cal/OSHA 1 No.